

COVID-19 WAIVER

PLEASE COMPLETE THIS WAIVER PRIOR TO ATTENDANCE OF ANY EVENT AT IRON HORSE PERFORMANCE

Name (Please print)	Signature (of Parent/Guardian if minor)	Date
COVID-19; I/we agree to adher municipality of our domicile, an I/we will follow and adhere to IH	ny child, if participant is a minor) will take action to guidelines, recommendations and protocod as directed by IH while engaging with IH stafet's screening guidelines and protocols regardinate at IH activities as outlined in the IH Self-Asse	ols in effect in the province and f, volunteers and other participants. ng my (or my child/ward, if
2. WAIVER, INDEMNITY AND RELE participate in IH Programming, I I (or my child/ward, if participar representatives, officers, employ release, indemnify and hold har damage, expense or injury (incl virus, infection or any form of inf minor) or any third party may su participation in IH Programming duty or any other duty of care of	EASE: In consideration of IH allowing me (or my hereby agree to waive any and all claims, can tis a minor) have or may have against IH (includes, volunteers, successors and assigns) (collections) the Releasees from any and all liability founding, but not limited to, death, physical and/fectious/contagious/communicable disease) the fer arising from, or in relation to, my (or my child, due to or arising from negligence, breach of the part of the Releasees or failure to protect inherent or latent dangers of participating in IH	uses of action, suits or demands that uding its administrators, agents, ctively "the Releasees") and to or any COVID-19 related loss, or mental injury, disability, disease, hat I (or my child, if participant is a ld/ward, if participant is a minor) contract, breach of any statutory at me (or my child/ward, if
committed to complying with the health and other governmental adopted all necessary measure eliminate risk of harm to myself that participation in IH activities limited to COVID-19 transmission reduce the spread of COVID-19	I understand that Iron Horse Performance (he ne requirements and recommendations of national authorities to reduce the transmission of COVI is to that effect. I recognize and understand the (or my child/ward, if participant is a minor) and and events ("IH Programming") comes with in an I further recognize and understand that while P, IH cannot guarantee that I (or my child, if participating in the IH Programming.	onal, provincial and local public ID-19, and IH has put in place and ese measures will not and do not I hereby acknowledge and agree herent risks including but in no way I H has implemented measures to
ACKNOWLEDGEMENT OF RISK,	WAIVER OF LIABILITY, INDEMNIFICATION & RELEA	ASE, AND ATTESTATION RE: COVID-19
] I have not been, nor any mem	nber(s) of my household, diagnosed to be infec	cted of COVID-19 virus in the last 30 c
] I have not, nor any member(s)	of my household, traveled by sea or by air, int	ernationally within the past 30 days.
	oms that of fever, fatigue, difficulty in breathing 9 or any communicable disease within the last	
visitors. Please answer these que	c, we are taking extra precautions for the healt estions truthfully so we may continue to do our lition in the foregoing, the undersigned acknow	best to stop the spread.

Signature (of Parent/Guardian if minor)

Date

Name (Please print)